

B22C (Official Form 22C) (Chapter 13) (01/08)

In re Marilyn R. Reyes	According to the calculations required by this statement:
Debtor(s)	☐ The applicable commitment period is 3 years.
Case Number: 08-21381	■ The applicable commitment period is 5 years.
(If known)	■ Disposable income is determined under § 1325(b)(3).
	☐ Disposable income is not determined under § 1325(b)(3).
	(Check the boxes as directed in Lines 17 and 23 of this statement.)

AMENDED

CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

	Part I. REPORT OF INCOME									
	Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed.									
1	a. I	Unmarried. Complete only Column A ("Deb	tor	's Income'') for Li	nes	2-10.				
	ъ. □	Married. Complete both Column A ("Debto	r's	Income'') and Col	umi	B ("Spouse's Incom	ne'')	for Lines 2-10.		
		gures must reflect average monthly income rec						Column A		Column B
		dar months prior to filing the bankruptcy case, ing. If the amount of monthly income varied						Debtor's		Spouse's
		onth total by six, and enter the result on the ap			, you	i must divide the		Income		Income
2				-						
2		s wages, salary, tips, bonuses, overtime, com					\$	5,672.00	\$	
Income from the operation of a business, profession, or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 3. If you operate more than one business profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part IV.						re than one business, nent. Do not enter a ttered on Line b as				
				Debtor		Spouse				
	a.	Gross receipts	\$	0.00						
	b.	Ordinary and necessary business expenses Business income	\$	btract Line b from			_		_	
	c.					-	\$	0.00	\$	
4	Rents and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part IV. Debtor Spouse					o not include any				
•	a.	Gross receipts	\$	0.00	\$					
	b.	Ordinary and necessary operating expenses	\$	0.00						
	c.	Rent and other real property income	Sι	btract Line b from	Lin	e a	\$	0.00	\$	
5	Inter	est, dividends, and royalties.					\$	0.00	\$	
6	Pensi	on and retirement income.					\$	0.00		
Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by the debtor's spouse. \$ 0.00 \$										
Unemployment compensation. Enter the amount in the appropriate column(s) of Line 8. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below: Unemployment compensation claimed to										
	be a	benefit under the Social Security Act Debtor	Φ	o.oo sp	ouse	Φ	\$	0.00	\$	

9	Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Total and enter on Line 9. Do not include alimony or separate maintenance payments paid by your spouse, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism. Debtor Spouse						
	b. \$ \$ 0.0 Subtotal. Add Lines 2 thru 9 in Column A, and, if Column B is completed, add Lines 2 through 9	00 \$					
10	in Column B. Enter the total(s). \$ 5,672.	00 \$					
11	Total. If Column B has been completed, add Line 10, Column A to Line 10, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 10, Column A.		5,672.00				
	Part II. CALCULATION OF § 1325(b)(4) COMMITMENT PERIOD						
12	Enter the amount from Line 11	\$	5,672.00				
13	Marital Adjustment. If you are married, but are not filing jointly with your spouse, AND if you contend that calculation of the commitment period under § 1325(b)(4) does not require inclusion of the income of your spouse, enter on Line 13 the amount of the income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of you or your dependents and specify, in the lines below, the basis for excluding this income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero. S						
	c. \$						
14	Total and enter on Line 13 Subtract Line 13 from Line 12 and enter the result.						
15	Annualized current monthly income for § 1325(b)(4). Multiply the amount from Line 14 by the number 12 and enter the result.	\$	5,672.00 68,064.00				
16	Applicable median family income. Enter the median family income for applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	Φ	66,064.00				
	a. Enter debtor's state of residence: NV b. Enter debtor's household size: 2	\$	57,860.00				
17	 Application of § 1325(b)(4). Check the applicable box and proceed as directed. □ The amount on Line 15 is less than the amount on Line 16. Check the box for "The applicable commitment p top of page 1 of this statement and continue with this statement. ■ The amount on Line 15 is not less than the amount on Line 16. Check the box for "The applicable commitme at the top of page 1 of this statement and continue with this statement. 		•				
	Part III. APPLICATION OF § 1325(b)(3) FOR DETERMINING DISPOSABLE INCOME	1					
18	Enter the amount from Line 11.	\$	5,672.00				
19	Marital Adjustment. If you are married, but are not filing jointly with your spouse, enter on Line 19 the total of any income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income(such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero. a. \$ b. \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$						
	Total and enter on Line 19.	φ.	0.00				
20	Current monthly income for § 1325(b)(3). Subtract Line 19 from Line 18 and enter the result.	\$	5,672.00				
	I .	Ψ	5,07 2.00				

	Annualized current monthly income for § 1325(b)(3). Multiply the amount from Line 20 by the number 12 and								
21	enter the result.					\$	68,064.00		
22	Applicable median family income. Enter the amount from Line 16.					\$	57,860.00		
	Applica	ation of § 1325(b)(3). Che	ck the applicable box ar	nd pro	ceed as	directed.			,
23		amount on Line 21 is mo 25(b)(3)" at the top of page						nined u	nder §
		amount on Line 21 is not 25(b)(3)" at the top of page							
		Part IV. C	ALCULATION (OF I	EDU	CTIONS FR	OM INCOME		
		Subpart A: D	eductions under Star	ndar	ds of th	ne Internal Reve	nue Service (IRS)		
24A	Enter in applica	al Standards: food, appar n Line 24A the "Total" and ble household size. (This ptcy court.)	ount from IRS National	Stand	ards for	Allowable Living	Expenses for the	\$	961.00
National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who are under 65 years of age, and enter in Line b2 the number of members of your household who are 65 years of age or older. (The total number of household members must be the same as the number stated in Line 16b.) Multiply Line a1 by Line b1 to obtain a total amount for household members under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for household members 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 24B.									
	House	hold members under 65 y	ears of age	Hou	sehold	members 65 years	of age or older		
	a1.	Allowance per member	57	a2.	Allow	ance per member	144		
	b1.	Number of members	2	b2.		er of members	0		
	c1.	Subtotal	114.00	c2.	Subto	al	0.00	\$	114.00
25A	Utilitie	Standards: housing and use Standards; non-mortgage le at www.usdoj.gov/ust/ o	expenses for the applic	able c	ounty a	nd household size.		\$	394.00
Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and household size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 47; subtract Line b from Line a and enter the result in Line 25B. Do not enter an amount less than zero.									
		IRS Housing and Utilities Standards; mortgage/re Average Monthly Payment for any debts secured I							
home, if any, as stated in Line 47 \$				2,003.00	_				
		Net mortgage/rental expen			ontond			\$	0.00
26	25B do Standar	Standards: housing and uses not accurately compute rds, enter any additional antion in the space below:	the allowance to which	you a	re entitl	ed under the IRS H	Iousing and Utilities	\$	0.00

_						
	Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation.					
27.4	Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are					
27A	·					
	If you checked 0, enter on Line 27A the "Public Transportation" amo Transportation. If you checked 1 or 2 or more, enter on Line 27A the Standards: Transportation for the applicable number of vehicles in the Census Region. (These amounts are available at www.usdoj.gov/ust/	"Operating Costs" amount from IRS Local e applicable Metropolitan Statistical Area or	\$ 211.00			
	Local Standards: transportation; additional public transportation		\$ 211.00			
27B	for a vehicle and also use public transportation, and you contend that your public transportation expenses, enter on Line 27B the "Public To Standards: Transportation. (This amount is available at www.usdoj.go court.)	ransportation" amount from the IRS Local	\$ 0.00			
	Local Standards: transportation ownership/lease expense; Vehicle	e 1. Check the number of vehicles for which	φ 0.00			
	you claim an ownership/lease expense. (You may not claim an owner					
	vehicles.) ■ 1 □ 2 or more. Enter, in Line a below, the "Ownership Costs" for "One Car" from the	IDC Local Standards, Transportation				
	(available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy					
28	Monthly Payments for any debts secured by Vehicle 1, as stated in Li	ne 47; subtract Line b from Line a and enter				
	the result in Line 28. Do not enter an amount less than zero.	100.00				
	a. IRS Transportation Standards, Ownership Costs Average Monthly Payment for any debts secured by Vehicle	\$ 489.00				
	b. 1, as stated in Line 47	\$ 618.00				
	c. Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	\$ 0.00			
29	the "2 or more" Box in Line 28. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 47; subtract Line b from Line a and enter the result in Line 29. Do not enter an amount less than zero.					
	a. IRS Transportation Standards, Ownership Costs	\$ 0.00				
	Average Monthly Payment for any debts secured by Vehicle b. 2, as stated in Line 47	\$ 0.00				
	b. 2, as stated in Line 47 c. Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$ 0.00			
	Other Necessary Expenses: taxes. Enter the total average monthly e		ψ 0.00			
30	state, and local taxes, other than real estate and sales taxes, such as in	come taxes, self employment taxes, social				
	security taxes, and Medicare taxes. Do not include real estate or sale	es taxes.	\$ 1,904.00			
31	Other Necessary Expenses: mandatory deductions for employmen deductions that are required for your employment, such as mandatory					
	uniform costs. Do not include discretionary amounts, such as volu		\$ 470.00			
32	Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term					
32	any other form of insurance.	on your dependency, for whose like or for	\$ 0.00			
33	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in line 49.					
	Other Necessary Expenses: education for employment or for a ph	veically or mantally challenged child. Enter	\$ 0.00			
34	the total average monthly amount that you actually expend for educat education that is required for a physically or mentally challenged dep	ion that is a condition of employment and for				
	providing similar services is available.					
			\$ 0.00			
35	Other Necessary Expenses: childcare. Enter the total average mont childcare - such as baby-sitting, day care, nursery and preschool. Do		\$ 0.00			

	I	T			
36	Other Necessary Expenses: health care. Enter the average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 24B. Do not include payments for health insurance or health savings accounts listed in Line 39.				
37	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service-to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.	\$	0.00		
38	Total Expenses Allowed under IRS Standards. Enter the total of Lines 24 through 37.	\$	4,054.00		
	Subpart B: Additional Living Expense Deductions	1.7	.,		
	Note: Do not include any expenses that you have listed in Lines 24-37				
	Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents				
39	a. Health Insurance \$ 254.00				
	b. Disability Insurance \$ 0.00				
	c. Health Savings Account \$ 0.00				
	Total and enter on Line 39	\$	254.00		
	If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below: \$				
40	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Do not include payments listed in Line 34.	\$	0.00		
41	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.				
42	42 Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary. \$ **The nature of these expenses is required to be kept confidential by the court. \$ **The nature of these expenses is required to be kept confidential by the court. \$ **The nature of these expenses is required to be kept confidential by the court. \$ **The nature of these expenses is required to be kept confidential by the court. \$ **The nature of these expenses is required to be kept confidential by the court. \$ **The nature of these expenses is required to be kept confidential by the court. \$ **The nature of these expenses is required to be kept confidential by the court. \$ **The nature of these expenses is required to be kept confidential by the court.				
43	Education expenses for dependent children under 18. Enter the total average monthly expenses that you actually incur, not to exceed \$137.50 per child, for attendance at a private or public elementary or secondary				
44	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.				
45	Charitable contributions. Enter the amount reasonably necessary for you to expend each month on charitable contributions in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2). Do not include any amount in excess of 15% of your gross monthly income.	\$	0.00		
46	Total Additional Expense Deductions under § 707(b). Enter the total of Lines 39 through 45.				
TU	Transferred Lapense Deductions under \$ 101(b). Effect the total of Effect 57 through 45.	\$	254.00		

		Subpart C: Deductions for De	ebt l	Payment			
47	own, list the name of creditor, identificheck whether the payment includes scheduled as contractually due to each	For each of your debts that is secured by the property securing the debt, state taxes or insurance. The Average Month Secured Creditor in the 60 months for additional entries on a separate page.	the Anly Pollow	verage Monthly ayment is the toring the filing of	Payment, and tal of all amounts the bankruptcy		
	Name of Creditor	Property Securing the Debt	1	Average	Does payment		
		and the second second second		Monthly Payment	include taxes or insurance		
	American Honda a. Finance	2008 Honda Pilot	\$	618.00	□yes ■no		
		Location: 4351 Clover Hill			_		
	b. Countrywide Home Loan	Court, Las Vegas NV	\$	2,003.00 otal: Add Lines	■yes □no	\$	2,621.00
Other payments on secured claims. If any of debts listed in Line 47 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 47, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.							
	Name of Creditor	Property Securing the Debt		1/60th of t	he Cure Amount		
		Location: 4351 Clover Hill Cou	ırt,	Ф	400.00		
	a. Countrywide Home Loan	Las Vegas NV		\$	Total: Add Lines	\$	133.33
Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do							
	Chapter 13 administrative expenses. Multiply the amount in Line a by the amount in Line b, and enter the					0.00	
50	resulting administrative expense. a. Projected average monthly Chapter 13 plan payment. \$ 250.00 b. Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) c. Average monthly administrative expense of Chapter 13 case Total: Multiply Lines a and b				\$	25.00	
51	Total Deductions for Debt Payment	t. Enter the total of Lines 47 through 5	50.			\$	2,779.33
	-	Subpart D: Total Deductions f		1 Income		Ψ	£,113.33
52	Total of all deductions from income	e. Enter the total of Lines 38, 46, and 5	51.			\$	7,087.33
	Part V. DETERMINATION OF DISPOSABLE INCOME UNDER § 1325(b)(2)						
53	Total current monthly income. Ent	ter the amount from Line 20.				\$	5,672.00
Support income. Enter the monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I, that you received in accordance with applicable nonbankruptcy law, to the extent reasonably necessary to be expended for such child.					0.00		
55	Qualified retirement deductions. Enter the monthly total of (a) all amounts withheld by your employer from				0.00		
56	Total of all deductions allowed und	ler § 707(b)(2). Enter the amount from	ı Lin	e 52.		\$	7,087.33
		. , , , ,				Ψ	1,001.33

	Deduction for special circumstances. If there are special circumstances is no reasonable alternative, describe the special circums. If necessary, list additional entries on a separate page. Total the provide your case trustee with documentation of these expenses of the special circumstances that make such expense necessary.	stances and the resulting expenses in lines a-c below. he expenses and enter the total in Line 57. You must enses and you must provide a detailed explanation			
57	Nature of special circumstances	Amount of Expense			
	a.	\$			
	b.	\$			
	c.	\$			
		Total: Add Lines \$ 0.00			
58	Total adjustments to determine disposable income. Add th result.	ne amounts on Lines 54, 55, 56, and 57 and enter the \$ 7,087.33			
59	Monthly Disposable Income Under § 1325(b)(2). Subtract Line 58 from Line 53 and enter the result.				
	Part VI, ADDITION	AL EXPENSE CLAIMS			
	of you and your family and that you contend should be an add	of otherwise stated in this form, that are required for the health and welfare ditional deduction from your current monthly income under § separate page. All figures should reflect your average monthly expense for			
60	Expense Description	Monthly Amount			
	a.	\$			
	b.	\$			
	c. d.	\$ \$			
		nes a, b, c and d \$			
		TERIFICATION			
	1	ed in this statement is true and correct. (If this is a joint case, both debtors			
61	must sign.) Date: October 14, 2008	Signature: /s/ Marilyn R. Reyes			
01	<u> </u>	Marilyn R. Reyes			
		(Debtor)			